



State of Iowa  
Enrollment Agreement  
2006 Plan Year

I wish to have my salary redirected beginning the 1<sup>st</sup> day of the month of \_\_\_\_\_, 2006 through **DECEMBER 31, 2006** in each of the categories below. I understand the benefits available to me as well as the other rights and obligations that I have under the Plan. I understand this agreement revokes any prior election under this plan and that during the above period this agreement is irrevocable and cannot be changed except under special circumstances as outlined in the Summary Plan Description. This agreement is subject to the terms of the State of Iowa Cafeteria Plan.

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name \_\_\_\_\_  
(Last, First MI)

Street \_\_\_\_\_

City \_\_\_\_\_  
State, Zip \_\_\_\_\_

	Per Pay Period	# of Pay Periods	Total for the Plan Year	Not to Exceed
Health Flexible Spending Account	_____	_____	_____	\$2,500
Dependent Care Flexible Spending Account	_____	_____	_____	\$5,000*

\* Cannot exceed \$2,500 if married & filing separately

**DIRECT DEPOSIT REIMBURSEMENT**

I authorize ASI to credit my \_\_\_\_\_ (checking, savings) account number \_\_\_\_\_ at  
(name of bank) \_\_\_\_\_, with my Flexible Spending Account payments.  
Please attach a copy of a check or a void check and write the bank's routing number \_ \_ \_ \_ \_.

**E-MAIL**

\_\_\_\_\_ I wish to receive my notification of direct deposit reimbursement via e-mail over the Internet at the address below.

E-mail address: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to your department's personnel assistant**

ASI - 1-800-659-3035

email: asi@asiflex.com

<http://www.asiflex.com>

**PERSONNEL ASSISTANT USE ONLY:**

Dept. 10 Digit #: \_\_\_\_\_

Hire date \_\_\_\_\_  
(New hires only)

Employees must be full-time or part-time and work 1040 hours annually on a regular basis to be eligible to participate in either flexible spending account. I certify this employee meets those eligibility requirements.

Personnel Assistant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_